

# ARKANSAS STATE VETERANS CEMETERY INTERMENT APPLICATION

Date:

Time:

Please print the name on the line below the way the family desires the headstone to read. Depending on the length of the name, only the middle initial may be allowed on headstone.

## DECEDENT'S INFORMATION

<b>First Name</b>	<b>Middle</b>	<b>Last Name</b>	<b>Suffix</b>
<b>Social Security Number</b>	<b>Date of Death</b>	<b>Date of Birth</b>	<b>Place of Birth</b>
			<b>Male/Female</b>

If decedent is not the veteran, please describe relationship to veteran: Self

**Marital Status:** ( ) Married ( ) Divorced ( ) Never Married ( ) Separated ( ) Widowed ( ) Unknown

## INTERMENT INFORMATION

Date of Interment:	Time:	Full Casket:	Section:
		Single:	Grave No:
Religious Emblem:	Check #:	Double:	Cremation:
Outside Container	Check Date:	Oversize	Honors:
\$300 Dependent Fee:	Posted:	Check From:	Branch of
Letter Mailed:	Final Int Rpt	Collected:	Service
Headstone Ordered:	Headstone Received:	Headstone Set:	

## NEXT OF KIN INFORMATION

<b>First Name</b>	<b>Middle</b>	<b>Last Name</b>	<b>Suffix</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>County</b>
			<b>Zip Code</b>
<b>Phone Number</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Relationship to Veteran</b>

## VETERAN'S SERVICE INFORMATION (Please submit discharge if this is first interment)

<b>First Name</b>	<b>Middle</b>	<b>Last Name</b>	<b>Suffix</b>
<b>Social Security Number</b>	<b>Service Number</b>	<b>VA Claim Number</b>	<b>Character of Discharge</b>
<b>Branch of Service</b>	<b>Highest Rank</b>	<b>Date of Entry</b>	<b>Date of Release</b>

**Military Status:** ( ) Active Duty ( ) Retired ( ) National Guard/Reserve ( ) Veteran ( ) Other; Specify

**Service Period:** ( ) WWII ( ) Korea ( ) VietNam ( ) Persian Gulf ( ) Iraq ( ) Afghanistan ( ) Other; Specify

**Awards:**(Requires verification from DD214) ( ) MOH ( ) DSC ( ) AF Cross ( ) Navy Cross ( ) Silver Star ( ) LOM

( ) DFC ( ) Bronze Star ( ) Purple Heart ( ) MSM ( ) Commendation Medal ( ) Achievement Medal ( ) Other

## FUNERAL HOME INFORMATION

<b>Funeral Home</b>	<b>Point of Contact</b>	<b>Phone Number</b>	<b>Fax Number</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

## ELIGIBILITY INFORMATION

<b>Eligible</b> ( ) Yes No ( )	<b>Confirmed by:</b> DD 214 ( ) VA Regional Office ( )	<b>VSO Name</b>
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Approved:

Date: